PTO/SB/06 (08-03)
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| Substitute for Form PTO-875 | | | | | | | | · Application or Quekal Number | | |
|---|---|----------------------|--------------|------------------------|------------------|--------------------|------------------------|--------------------------------|-------------------------|------------------------|
| | | | | | | | | 10/058658 | | |
| CLAIMS AS FILED - PART ((Column 1) (Column 2) | | | | | | SMALL ENTITY | | Oft | OTHER THAN SMALL ENTITY | |
| DAG | FOR SIC FEE | NUME | NUMBER FILED | | ER EXTRA | RATE | FEE |] | DAYE | |
| (37 | CFR 1.16(a)) | | | | | | s | 1 | RATE | FEE |
| | AL CLAIMS CFR 1.16(c)) | | minus 20 = | | | v. | * | OR | <u> </u> | S |
| INDEPENDENT CLAIMS | | MS | ninus J = | | | X \$ * | | OR | X S . * | |
| | | N7 5: 005 05 | <u></u> | | · · | X \$ = | | OK | X 5 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | .+ \$ <u></u> . | | OR | + S | |
| i if the adjecence in column) is less than zero, en | | | | nter 'v in commi | Z. | 101AL | L | Ük | POTAL | |
| Certins Abramentee - PART # | | | | | | | | | | |
| 1= | 13-06 | (Column 1) | | (Column 2) | (Column 3) | SMALL E | ΕΝΤΙΤΥ | OR. | | THAN |
| AMENDMENT A | | CLAIMS REMAINING | ļ | HIGHEST NUMBER | PRESENT | RATE | | | | ENTITY |
| | Total | AFTER AMENDMENT | Minus | PREVIOUSLY PAID FOR | EXTRA | MATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | (37 CFR'1.16(c)) Independent | 30 | <u> </u> | 31 | - | x s= | | OR | x s = | |
| | (37 CFR 1,16(b)) | 6 | Minus | 6 | = | X \$= | | OR | x s = | |
| Ā | FIRST PRESENT | ATION OF MULTIP | E DEPEND | ENT CLAIM (37 CF | R 1.16(d)) , | +; = | | | | |
| | | | | | | TOTAL | | OR | + S= | |
| | | (Cal 1) | | 10. | | AOD'L FEE | | OR | ADO'L FEE | |
| 6 | | (Column 1) CLAIMS | T | (Column 2) HIGHEST | (Column 3) | | | | | |
| AMENDMENT B | | REMAINING AFTER | | NUMBER PREVIOUSLÝ | PRESENT EXTRA | RATE | ADDI- | | RATE | ADDI- |
| | Total | AMENDMENT | ļ., | PAID FOR | | | TIONAL FEE | | | TIONAL FEE |
| | Total (37 CFR 1.16(c)) | | Minus | | | X \$ = | | OR | <i>; ; ;</i> X\$ ≠ | 166 |
| | independent (37 CFR 1.16(b)) | • | Minus | | 2 | X1 = | | | | |
| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | OR | X \$= | |
| | | | | | | +s = | | OR | +s = | |
| | | • | | | • | ADO'L FEE | | OR | ADD'L FEE | |
| _ | | (Column 1) | | (Column 2) | (Column 3) · | | | | | |
| AMENDMENT C | | CLAIMS REMAINING | · | HIGHEST NUMBER | PRESENT | RATE | ADOI- | | 54.75 | |
| | | AFTER AMENDMENT | | PREVIOUSLY PAID FOR | EXTRA | | TIONAL | | RATE | ADDI- TIONAL |
| | Total (37 CFR 1.16(c)) · | • | Minus | ** | - | | FEE | | | FEE |
| | Independent (37 CFR 1,16(b)) | • | Minus | ••• | - | X \$ = | | OR | × \$= | |
| | | | | X \$= | | OR | x s= | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | + 5 = | | OR | + \$= | ĺ |
| | | | • | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". | | | | | | | | | | |
| in the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | |

"" If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD 058658 Effective October 1, 2001 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN **SMALL ENTITY** TYPE [OR (Column 1) (Column 2) FEE FEE RATE TOTAL CLAIMS RATE BASIC FEE 370.00 BASIC FEE 740.00 NUMBER EXTRA OR NUMBER FILED **FOR** 62, TOTAL CHARGEABLE CLAIMS X\$ 9= X\$18= minus 20= OR INDEPENDENT CLAIMS minus 3 =X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** SMALL ENTITY OR (Column 2) (Column 3) (Column 1) HIGHEST ADDI-ADDI-CLAIMS NUMBER PRESENT REMAINING TIONAL RATE TIONAL RATE **PREVIOUSLY EXTRA** AFTER AMENDMENT FEE FEE PAID FOR AMENDMENT X\$18= X\$ 9= Minus Total 0 OR Minus 68, Independent X84= X42 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= ÷140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) 19 (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT 8 REMAINING RATE TIONAL TIONAL RATE **PREVIOUSLY EXTRA** AFTER FEE. FEE : PAID FOR AMENDMENT 3 X\$ 9= X\$18= Minus Total OR Z Independent Minus X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL ADDIT, FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL RATE TIONAL RATE **AFTER PREVIOUSLY EXTRA** AMENDMENT FEE FEE PAID FOR AMENDMENT X\$18= Total Minus X\$ 9= OR Independent Minus X84 =X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number